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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

MTNC-107

| CLAIMS AS FILED - PAR (Column 1)            |  |  |                  |                               | (Colur                           | mn 2)                          | _        | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|--|------------------|-------------------------------|----------------------------------|--------------------------------|----------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS                                |  |  | 14               |                               |                                  |                                |          | RATE                | FEE                    |         | RATE                       | FEE                    |
| FOR   |  |  | NUMBER FILED     |                               | NUMB                             | NUMBER EXTRA                   |          | BASIC FEE           | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                     |  |  | 14 minus 20=     |                               | •                                |                                |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS                          |  |  | / minus 3 =      |                               | *                                | 3                              |          | X40=                |                        | OR      | X80=                       | 240                    |
| MU  | LTIPLE DEPEN   | IDENT CLAIM PF                             | RESENT           |                               |                                  |                                |          | +135=               |                        | OR      | +270=                      |                        |
| * If  | the difference                                       | in column 1 is                             | less than ze     | ss than zero, enter "0" in co |                                  |                                | L        | TOTAL               |                        | OR      | TOTAL                      | 950                    |
|   | C  | LAIMS AS A                                 | MENDED - PART II |                               |                                  |                                |          |                     |                        |         | OTHER THAN SMALL ENTITY    |                        |
|   |  | (Column 1)                                 | (Colum           |                               |                                  |                                |          | SMALL E             | ·                      | OR      | SMALL                      |                        |
| ENT A                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | ,                | NUM<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>FOR    | PRESENT<br>EXTRA               |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>                            | Total  | *  | Minus            | **                            | :                                | =                              |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| AME   | Independent  | NTATION OF MU                              | Minus            | ***                           | T CLAIM                          | =                              |          | X40=                |                        | OR      | X80=                       |                        |
|   | FIRST PRESE  | NIATION OF IVE                             | ULTIPLE DEP      | ENDLIN                        | I CLAIN                          |                                |          | +135=               |                        | OR      | +270=                      |                        |
|   |  |  |                  |                               |                                  |                                |          | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                 |                  | (Colu                         | ımn 2)                           | (Column 3)                     |          |                     |                        | •       |                            |                        |
| AMENDMENT B                                 |  | CLAIMS REMAINING AFTER AMENDMENT           |                  | HIGI<br>NUM<br>PREVI          | HEST<br>MBER<br>YOUSLY<br>D FOR  | PRESENT<br>EXTRA               |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus            | **                            |                                  | =                              |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| AME   | Independent  | •  | Minus            | ***                           | IT OL AIM                        | =                              |          | X40=                |                        | OR      | X80=                       |                        |
| <u> </u>                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |  |                  |                               |                                  |                                |          | +135=               |                        | OR      | +270=                      | :                      |
|   |  |  |                  |                               |                                  |                                |          | TOTAL               |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |  |                  |                               |                                  |                                |          |                     |                        |         |                            |                        |
| AMENDMENT C                                 |  | CLAIMS REMAINING AFTER AMENDMENT           |                  | HIGI<br>NUM<br>PREV           | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA               |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minuş            | **                            | ·                                | =                              |          | X\$ 9=              |                        | OR      | X\$18=                     | ï                      |
|   | Independent  | *  | Minus            | ***                           | T CLAIM                          | =                              |          | X40=                |                        | OR      | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |  |                  |                               |                                  |                                |          |                     |                        | OR      | +270=                      |                        |
|   | If the entry in colu                                 | umn 1 is less than t<br>umber Previously P | he entry in colu | ımn 2, wri<br>IS SPACE        | ite "0" in co                    | olumn 3.<br>an 20. ent  r "20. | L<br>. د | TOTAL               |                        | OR      | TOTAL<br>ADDIT, FEE        |                        |
| ***   | If the "Highest Nu                                   | umber Previously P<br>mber Previously Pa   | Paid For" IN THI | IS SPACE                      | E is less tha                    | an 3, enter "3."               |          | NDDIT. FEE          | propriate bo           | x in co |                            |                        |